

RESIDENT FUNDS RECORD

PART I

Michigan Department of Consumer & Industry Services
DIVISION OF ADULT FOSTER CARE LICENSING

Resident Name	
Facility Name	License number

INSTRUCTIONS;

1. The licensee is to complete sections A, B, and C for all residents.
2. A Resident Funds Part II (BRS-2319) or approved substitute, must be completed for:
 - a. All resident payments for adult foster care services as required by SG/LG R102(1)(u)l, and FA 21(11).
 - b. Accounts managed by the licensee for a resident including:

Personal allowance	Work/Workshop checks
Other checks or cash such as gifts	Cash
Interest	Dividends
Stocks, bonds or money market funds	Savings, checking accounts
All other applicable funds	
3. The licensee is to keep Resident Funds forms in the resident's record.
4. The licensee is to give a copy of the Resident Funds forms to the person(s) responsible for managing the resident's funds.
5. The licensee shall not commingle resident funds with licensee's funds.

SECTION A - The person or persons responsible for the resident's funds is (are):

<input type="checkbox"/> Resident		
<input type="checkbox"/> Legal Guardian	Name	Phone Number
<input type="checkbox"/> Representative Payee	Name	Phone Number
<input type="checkbox"/> Adult Foster Care Licensee or Designee	Name	Phone Number
<input type="checkbox"/> Other	Name	Phone Number

SECTION B - Please indicate below all applicable accounts managed by the licensee or their designee. All transactions regarding these accounts must be recorded on the BRS-2319. Name of individual managing account:_____

<input type="checkbox"/> Payment for AFC	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Checking Account - Joint Checking	Name of Bank Account Number
<input type="checkbox"/> Savings Account - Joint Savings	Name of Bank Account Number
<input type="checkbox"/> Other Account	Name of Bank Account Number

Signature of Joint Account Holder

(1)

Signature of Joint Account Holder

(2)

SECTION C: I certify that I have no ownership interest in the resident's account.

Licensee/Designee Signature:

Date

THANK YOU FOR YOUR COOPERATION

AUTHORITY: P.A. 218 of 1979

COMPLETION: Is required

CONSEQUENCE: Adult Foster Care Rule violation

BRS-2318w (Rev 4-97) Previous edition obsolete

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability

DISTRIBUTION: PART 1 - Resident Record

PART 2 - Resident or Designated Representative